107000046892

(Re	equestor's Name)			
`	,			
(Ád	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	? #)		
PICK-UP	WAIT	MAIL		
		•		
(Bu	siness Entity Nan	ne)		
·				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
,				
	<u></u>			

Office Use Only



300096922833

04/16/07--01036--006 **87.50

7 APR 16 PH 2: 07

D. WHITE APR 17 2007

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	MYAKKAHATCHEE ESTATES, INC.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Don Bates	e (Printed or typed)		
	7054 Tropicair			
	North Port, Flo	rida 34286 , State & Zip		
	941-429-9388	Telephone number	·	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MYAKKAHATCHEE ESTATES, INC.

FILED

07 APR 16 PM 2: 07

ARY OF STATE

ALL ARY SEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7054 Tropicaire Blvd, North Port, Florida 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Company is to engage in any lawful act or activity for which a Corporation may be formed under the corporation statutes of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President: Don Bates, 7054 Tropicaire Blvd, North Port, Florida 34286 Vice President: Randy Horner, 6874 Malton St, North Port, Florida 34286 Treasurer: Jo Ann Sizemore, 5435 Estates Dr, North Port, Florida 34286 Secretary: Maria Grubbs, 4493 Ulman Ave, North Port, Florida 34286

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Don Bates, 7054 Tropicaire Blvd., North Port, Florida 34286

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Don Bates, 7054 Tropicaire Blvd., North Port, Florida 34286

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

DON BATES

DON BATES

Signature/Incorporator

Date